

**FORM 33**

QUEENSLAND  
Weapons Act 1990  
Section 53

**DECLARATION BY UNAUTHORISED PERSON FOR USE  
OF A WEAPON AT AN APPROVED RANGE**

Ver. 3 — 07/04/09  
Δ2

**1. PERSONAL DETAILS**

*Please use  
BLOCK LETTERS*

*Provide details  
and supporting  
evidence if your  
name has changed  
due to:*  
• marriage  
• deed poll, etc.

Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
	<i>Day</i>		<i>Month</i>		<i>Year</i>															
Town of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Drive licence no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											

**2. RESIDENTIAL DETAILS**

*Do not use PO Box for  
residential address.  
Lot on plan (RP No.)  
can be found on rates  
notice.*

<b>Current address</b>																			
Property name/ Lot on plan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number and name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Locality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	How long have you lived at this address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>Years          Months</i>			
<b>Postal Address (If different from above)</b>																			
Postal address (e.g. PO Box)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Locality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											

**3. WEAPONS LICENCE DETAILS**

*Only complete if  
you currently hold a  
weapons licence.*

Licence no	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
	<i>(Only one required)</i>																				
Date issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>Day          Month          Year</i>			

**4. UNLICENSED PERSON**

*Only complete if  
you do not hold a  
weapons licence.*

Have you in Queensland or elsewhere been convicted of:		
• murder or manslaughter; or		
• armed robbery; or		
• unlawful wounding; or		
• grievous bodily harm; or		
• an offence involving drugs, weapons or violence that is prescribed under a regulation punishable by at least 7 years imprisonment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in the last 5 years, been convicted of, or discharged from custody on sentence after being convicted of any of the following?		
• offence relating to the misuse of drugs;		
• offence involving the use or threatened use of violence;		
• offence involving the use, carriage, discharge or possession of a weapon.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in the last 5 years been subject to a domestic violence order, other than a temporary protection order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently subject to a temporary protection order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prevented by an order of a Queensland or another court outside of Queensland from holding a licence or possessing a weapon unless the order permits such under supervision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in the last 5 years been subject to an involuntary assessment order under the <i>Mental Health Act 2000</i> , or similar order under the <i>Mental Health Act 1974</i> , or a similar order in another state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been refused a licence or has your licence been revoked in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your licence been suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 5. CATEGORY OF PROPOSED WEAPON

Place a cross  in applicable box(es).

Please state which category of weapon you intend to possess and use on an approved range under supervision.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>H</b>	<b>M</b>	<b>R</b>

**CATEGORY 'A' WEAPONS**

- Air rifles;
- Rimfire rifles (other than self-loading);
- Single and double barrel shotguns;
- Miniature cannon under 120 cm in barrel length that is a black powder and muzzle loading cannon, depicting a scale model of an historical artillery piece or naval gun.

**CATEGORY 'H' WEAPONS**

- All concealable firearms less than 75 cm in length.

**CATEGORY 'B' WEAPONS**

- Muzzle loading firearms;
- Single, double and repeating centrefire rifles.

**CATEGORY 'M' WEAPONS**  
As contained in Section 7A(n) of the *Weapons Categories Regulation 1997*

- Any crossbow designed to be discharged by the use of two hands that, when discharged, is capable of causing damage or injury to property or capable of causing bodily harm.

### 6. SIGNATURE OF UNAUTHORISED PERSON

**DECLARATION**

I declare that the information I have given is true and correct in every detail and that I am not an excluded person under the provisions of Section 53 of the *Weapons Act 1990*.

*Signature of applicant*

Date

*Day Month Year*

Time     am/pm

### 4. RANGE OFFICER

Photo ID includes, but is not limited to;

- Driver licence
- Passport
- 18+ Card
- Weapons Licence
- Student ID Card

I have inspected the above named person's photographic identification. Yes  No

Type of ID

ID. No.

I have also inspected the above named person's weapons licence. N/A  Yes  No

I am satisfied

- that the person signing the approved form appears to be the person shown in the photographic identification; **AND** Yes  No
- that after inspecting the completed approved form, that the information in this form agrees with the information shown on the above named person's photographic identification; **AND**. Yes  No
- that the person is a licensee or is not an excluded person. Yes  No

**DECLARATION**

I declare that the information I have given is true and correct in every detail.

*Range Officer's signature*

Date

*Day Month Year*

Range Officer's ID

**Privacy Collection Statement**

At the time of your application, we collect personal information from you that is necessary for us to process your application and to provide you with the services you request. We collect your name, date of birth, address, contact information, and other information necessary to identify you and to contact you. We also collect information about your firearms licence and any other licences you hold. We use this information to process your application and to provide you with the services you request. We may use your information for other purposes, such as to provide you with information about other services we offer. We will not share your information with any other person or organization, except as required by law. If you have any questions about our privacy policy, please contact us at the address below.